Form **8937**(December 2011) Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

See separate instructions.

OMB No. 1545-2224

Internal Revenue Service		See separate instructions.		
Part I Reporting Issuer				
1 Issuer's name			2 Issuer's employer identification number (EIN)	
COGDELL SPENCER, INC.			20-3126457	
		ne No. of contact	5 Email address of contact	
BRIAN K. WOOD	502-357	-9000		
6 Number and street (or P.O. box if mail is not			7 City, town, or post office, state, and Zip code of contact	
10350 ORMSBY PARK PLACE, SUIT	re 300		LOUISVILLE, KY 40223	
8 Date of action 9 Class		ssification and description		
SEE BELOW	STOCE	K - COMMON	*	
10 CUSIP number 11 Serial number(s)		12 Ticker symbol	13 Account number(s)	
19238U107		CSA		
			ck of form for additional questions.	
			ainst which shareholders' ownership is measured for	
			REHOLDERS IN EXCESS OF ITS CURRENT	
AND ACCUMULATED EARNINGS AND	PROFITS	. SEE PART II, LINE 1	5 FOR THE AMOUNT OF THESE	
DISTRIBUTIONS PER SHARE.				
15 Describe the quantitative effect of the orga	anizational ac	ction on the basis of the security in	the hands of a U.S. taxpayer as an adjustment per	
			BASIS OF THE SECURITY IN THE	
HANDS OF THE US TAXPAYER(S)				
DATE PAID PER SHARE REDUCT	CION OF	BASIS		
COMMON STOCK				
01/19/2012 \$.10				
	A.			
16 Describe the calculation of the change in	basis and the	e data that supports the calculation,	such as the market values of securities and the	
valuation dates ▶ THE TAXPAYER'S	EARNING	S AND PROFITS WERE C	ALCULATED UNDER IRC SECTION 312,	
			ENT TRUSTS, AND THE REGULATIONS	
THEREUNDER. DISTRIBUTIONS IN				
TAX BASIS IN ITS SHARES TO THE				
IAM BADID IN 110 DIRECT 10 1.				

Part I		Organizational Action (contin	iued)			
17 Li	st the	applicable Internal Revenue Code se	ection(s) and subsection(s) upon wh	nich the tax treatment is based	<u> </u>	
IRC S	ECT	ION 301(c)(2)				
-						
18 C	an any	resulting loss be recognized? ► N	0			
		_				
		any other information necessary to it			SE ACTIONS ARE	
EFFEC	TIVE	ON THE DATES OF DIST	RIBUTIONS IDENTIFIED	ABOVE.		
		Σ				
	Unde	r penalties of perjury, I declare that I hav it is true, correct, and complete. Declara	e examined this return, including accor tion of preparer (other than officer) is ba	npanying schedules and statement sed on all information of which prep	s, and to the best of my knowledge and barer has any knowledge.	
Cian	Delici	The true, correct, and complete. Becaute	der er proparer (ether than emeel) is se		/ /	
Sign Here Signature Date 1/14/201						
Here	Signa	ture -		Date ▶	1712013	
		DDIAN W MOOD		Title ► CHIEF	TAX OFFICER, VENTAS, IN	
	Print	your name ► BRIAN K. WOOD	Preparer's signature	Title ► CHIEF	PTIN	
Paid		Print/Type preparer's name	. Topa. of o oignature	54.0	Check if self-employed	
Prepa		Firm's name			Firm's EIN ▶	
Use C	Only	Firm's name ► Firm's address ►			Phone no.	
Send Fo	orm 89	37 (including accompanying statement	ents) to: Department of the Treasur	y, Internal Revenue Service. Oc	<u> </u>	